

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10767919
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1	1				
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		14				
16		14				
17		14				
18		14				
19		14				
20	1					
21		1				
22		1				
23		1				
24		1				
25		1				
26		6				
27		6				
28		6				
29		6				
30	1					
31		1				
32		1				
33		1				
34		1				
35	1					
36		1				
37	1					
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39						
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41						
42						
43						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	117					
TOTAL CLAIMS	122					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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58						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						